

DISEASE LOCKDOWN

A Publication featuring information and news about infectious diseases for personnel working in and with correctional facilities.

VOLUME 8, ISSUE 1, SPRING 2012

Florida Department of Health

Florida Department of Corrections

Florida Department of Juvenile
Justice

New Measure for First-time, Non-Violent Juvenile Offenders

Juvenile justice leaders are praising the passage of a new measure that gives communities a vital tool to deal with non-violent youth. It's a civil citation program, and many Department of Juvenile Justice (DJJ) professionals say it's expected to save the state of Florida millions by keeping youth out of the jail system.



Civil citation is a process to channel youth who commit first time misdemeanors into intervention services at the early stage of delinquency and help them avoid further involvement with the criminal justice system. It is hoped that this will end their odyssey through the criminal justice system.

Under this legislation, a law enforcement officer may issue the civil citation which would allow the youth to avoid a criminal record which can hinder employment opportunities and eligibility for scholarships. Youth may be required to participate in services such as performing community service, providing restitution, participating in school progress monitoring or writing letters of apology to the victim in order to fulfill their debt to society. Intervention services may also include family counseling, drug screening, substance abuse treatment, and mental health treatment.

Any misdemeanor that involves the possession or use of a firearm, exposure of sexual organs or other sexually related behavior, i.e., prostitution, lewd and lascivious behavior, or any misdemeanor that is directly related to or part of gang activity will not be accepted for civil citation.

The immediate advantages of civil citation are enhancing public safety, saving taxpayers' money, and allowing youth to avoid a criminal record. The long-term advantages will be that lives are changed and non-violent offenders will become productive, law-abiding members of society.

STD Stats

The Bureau of STD and the Department of Juvenile Justice are working on a joint project to test juveniles coming into DJJ facilities. 4,233 individuals were recorded as being booked from January to June 2011 into participating facilities.

- 264 males were screened for HIV, 1 new HIV case diagnosed
- 212 males were screened for gonorrhea, 24 tested positive (11%)
- 79 females were screened for gonorrhea, 13 tested positive (16%)
- 210 males were screened for Chlamydia, 50 tested positive (24%)
- 84 females were screened for Chlamydia, 24 tested positive (29%)

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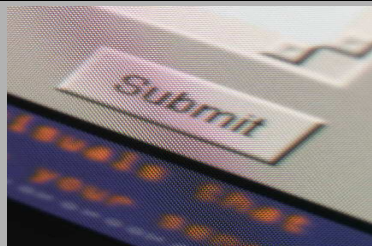
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We welcome articles from around the state about interesting and successful programs in the correctional/health care setting dealing with infectious diseases. If possible, please limit your article to 400 words or less. Articles should contain a title, author's name, and narrative. We will also take pictures, cartoons, charts, graphs, etc. Please email your material to Kathy McLaughlin, Florida Department of Health at:

Kathryn_McLaughlin@doh.state.fl.us



This issue and previous issues of Disease Lockdown may be viewed online at the following website:

http://www.doh.state.fl.us/Disease_ctrl/aids/corrections/Corrections_data.html



DJJ Myth vs Fact

Much information regarding the plight of juveniles in our society is based on myth. The Department of Juvenile Justice clarifies the following myths by giving us the facts.

Myth: Juvenile delinquency is increasing in Florida.

Fact: Delinquency in Florida has been declining for several years.

Myth: More girls are entering the delinquency system.

Fact: Fewer girls are entering the delinquency system.

Myth: Girls are more violent today than in the past.

Fact: Girls are substantially less violent today than in the past.

Myth: "Scared Straight" programs can help troubled kids from entering the juvenile justice system.

Fact: Research has repeatedly shown that "Scared Straight" programs are ineffective and can actually be harmful to some youth. DJJ does not support and will not fund such initiatives.

Myth: Delinquency increases in the summer when kids are out of school and have less formal supervision.

Fact: Delinquency actually declines in December and over the summer.

Myth: Most delinquents are habitual offenders who continue to cycle in and out of the system.

Fact: Roughly two-thirds of the juveniles referred to DJJ in any given year are first-time offenders.

Myth: The longer a given juvenile stays in a residential program, the less likely he or she is to re-offend.

Fact: Research has found that increased length of stay alone does not reduce re-offense.

Myth: Secure detention is a good "wake-up" call for youth and will help them turn around their behavior.

Fact: Research has found that being detained can actually make things worse for some youth. DJJ supports appropriate use of detention and is actively working to reduce unnecessary detentions.

Myth: Juvenile boot camps are highly effective at rehabilitating offenders and reducing recidivism.

Fact: Juvenile boot camps are equally or less effective at rehabilitation and recidivism reduction than residential or probation programs. In fact, DJJ is statutorily prohibited from funding boot camps.

Additional information can be found on the Florida Department of Juvenile Justice website at www.djj.state.fl.us.

No Smoking

According to CDC's Morbidity and Mortality Weekly Report 2008;57(45):1226–8, more deaths are caused each year by tobacco use than by human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined. In the U.S., tobacco use is responsible for about one in five deaths annually, and in Florida, among adults aged 35+ years, over 28,600 died as a result of tobacco use per year, on average, during 2000–2004.

Cigarette smoking costs more than \$96 billion in health care expenditures annually in the U.S. while second-hand smoke costs more than \$10 billion. Department of Corrections records indicate that inmates hospitalized for tobacco-related illnesses cost taxpayers nearly \$9 million in 2010. In March 2011, prisons gave inmates six months' warning that smoking would be banned. Inmates could purchase a nicotine patch for \$34.99 to help in the cessation process.

In addition to the health savings costs, it is believed that this ban will make the prisons cleaner and that removing lighters will make them safer.



Chickenpox in DOC Facilities

by Tina Harrell, RNC, and Kathy McLaughlin

Chickenpox is a highly contagious illness caused by the varicella-zoster virus (VZV), a type of herpes virus that also causes shingles. Chickenpox is transmitted from person to person by directly touching the blisters, saliva, or mucus of an infected person. The virus can also be transmitted through the air by coughing and sneezing. Chickenpox can be spread indirectly by touching freshly contaminated items such as clothing, from an infected person. The chart below outlines the number of cases, by quarter, that have occurred in prisons in the past five years.

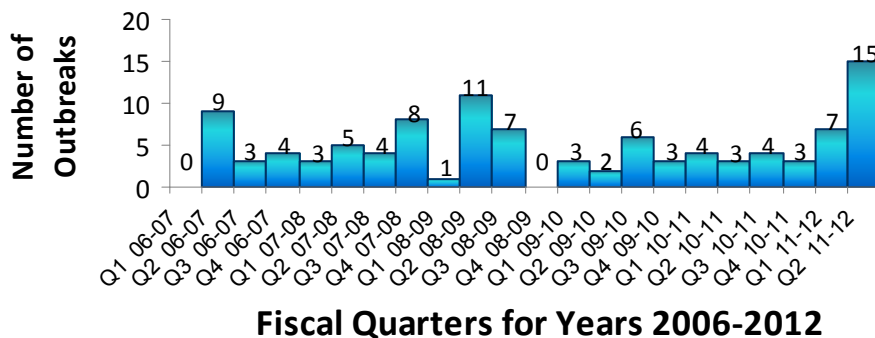
Chickenpox used to be known as a rite-of-passage childhood disease; however, it has become less common since the introduction of the chickenpox vaccine. Chickenpox is usually a mild illness, but can affect some infants, teens, adults, and people with weak immune systems more severely.

The first symptoms of chickenpox often are a fever, headache, and sore throat. Some people may feel sick, tired, and not very hungry. A rash usually appears about one or two days after the first symptoms start. After the rash appears, it usually takes about one or two days for the spots to go through all its stages. This includes blistering, bursting, drying, and crusting over. New red spots will appear every day for up to five to

seven days. Treatment primarily involves rest, creams to alleviate the itching, and medicines to relieve the fever. However, antiviral medication may be prescribed for teens or adults who tend to have more severe symptoms. Do not give aspirin or ibuprofen as they may cause Reyes syndrome or other secondary infections.

Once a person has had chickenpox, the virus remains dormant in the body. About one in ten adults will develop shingles later when the virus re-emerges.

**FL DOC- Office of Health Services
Chickenpox Outbreaks**



Everything You've Always Wanted to Know About Viral Hepatitis

by April Crowley

The Centers for Disease Control and Prevention (CDC) has a two-page fact sheet titled *Hepatitis C and Incarceration*. It is designed for people who are incarcerated, and explains how hepatitis C can be transmitted in prisons and jails. It also describes how hepatitis C is diagnosed and treated, and dispels common misconceptions about prevention. Below are a couple questions that this fact sheet answers:

Is hepatitis C a health problem for people who have been incarcerated?

Yes. Of the 2.2 million people in U.S. jails and prisons, about one in three has hepatitis C.

Why are adults in correctional facilities at risk for hepatitis C?

Many people who enter jails or prisons have hepatitis C. The most common way inmates get hepatitis C is by sharing equipment used for injecting drugs, tattooing, and piercing with other people who are already infected. The virus can be spread easily to others through blood, even in amounts too small to see.

This fact sheet is available at no charge. You can either download it, or order up to 100 copies from the CDC's Division of Viral Hepatitis Resource Center at: <http://www.cdc.gov/pubs/hepa.aspx#Section2>

The Florida Hepatitis Prevention Program offers two very informative trainings. **The Viral Hepatitis Serology Workshop: An Intermediate Course in Laboratory Testing, Results, and Interpretations** is a two-hour course presented in a WebEx format. This program is intended to provide an overview of specific viral hepatitis tests and their interpretations with respect to both acute and chronic infections. Participants will be given an opportunity to apply their knowledge of viral hepatitis infections and laboratory testing through case study presentations and discussions. Continuing education credit of two contact hours is available for all licensed nurses in the state of Florida.

To register for this course, please complete the form found on the following link: http://www.flahepatitis.org/Viral_Serology/Viral_Serology.html.

Another class that is offered is **Hepatitis 101**. This teleconference provides an introduction to hepatitis A, hepatitis B, and hepatitis C. Continuing education credit of one (1) contact hour is available for all licensed nurses in the state of Florida.

After taking Hepatitis 101, participants will be able to:

- Describe hepatitis A (HAV), hepatitis B (HBV), and hepatitis C (HCV)
- Identify clients who should be referred for hepatitis vaccination and testing
- Understand information needed to counsel clients about viral hepatitis
- Understand the basics on laboratory test results
- Describe the risk factors for co-infection with hepatitis and HIV

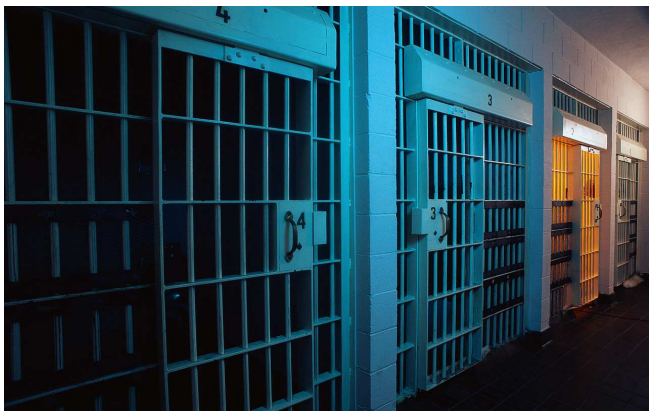
To register for this course, go to: http://www.doh.state.fl.us/disease_ctrl/aids/hep/Hep101/101regform.htm



Hepatitis Corrections Activities:

The Hepatitis Prevention Program provides direct funding to county health departments (CHDs) for the provision of hepatitis services in 15 counties (Broward, Collier, Miami-Dade, Monroe, Pinellas, Polk, Escambia, Lee, Seminole, Bay, Alachua, Palm Beach, Okeechobee, Orange, and Duval). The 15 funded CHDs provide outreach to local jails and prisons such as hepatitis risk assessments, testing, vaccination, and educational materials. During 2011, 6,184 such outreach activities were conducted among the 15 counties.

Florida's Innovative STD Specialty Care Project by Stacy Shiver



The STD Specialty Care Pilot Project between the Florida Department of Health (DOH) and the Florida Department of Corrections (DOC) represented innovative cost savings collaboration between governmental agencies. The pilot project established universal screening for syphilis and used FDOH screening guidelines for gonorrhea and chlamydia at the time of intake for inmates to the Florida prison system. The two-year pilot project established electronic reporting of screening test results, improvements in the medical management of HIV-infected inmates, and cost savings through the utilization of lower pricing for drugs related to inmate care.

Between 2008 and 2010, the project successfully screened over 34,000 inmates for STDs, delivered treatment for chlamydia, gonorrhea, and syphilis infections to 1,912 prisoners, and provided HIV/AIDS care services to 2,807 prisoners. This collaborative project successfully optimized cost savings, increased linkages to care for inmates, improved HIV care, and provided opportunities to reduce the incidence of STDs through effective screening and treatment. The FDOC estimated over \$7 million dollars in savings to Florida's taxpayers during the project period. Through this innovative collaboration, Florida's correctional institutions have a more cost effective approach to HIV care within the growing inmate population. In addition, it provided improved reproductive health outcomes and reduced cost burdens to the citizens of Florida through early prevention, prompt treatment, and improved HIV medical care.

Because of the ongoing STD education and diligent medical expertise provided to the patients while incarcerated, inmates may be more inclined to adhere to safer sexual practices and medication regimens once released from the correctional institution. There is ongoing communication with the community linkage coordinators regarding pre-release planning to clarify and improve the various processes aimed at continuity of medical care upon the release of an inmate from departmental custody. These activities have assisted in simplifying and expediting processes so that the inmates may resume medical care and minimize or eliminate potential interruption of antiretroviral therapy.

The project focused on establishing a relationship between the FDOH medical providers and the individual inmates receiving care, while developing a positive collaborative relationship with the FDOC staff responsible for the inmates during their incarceration period. This successful working relationship has improved the access to quality health services while being highly effective at reducing costs in the process. With the challenges of changing trends in morbidity, increasing demands on shrinking resources and the need to expand services to a growing population, the continued collaboration between the two agencies is a successful option. The STD Specialty Care Pilot Project optimally will expand to additional correctional institutions across the state to meet the increasing need among this population and have broader positive impact in the health of the State of Florida's population.

In 2011, the project conducted over 51,000 screening tests for STD. Expansion of the project continues in 2012 with the opportunity for greater savings and improved STD/HIV disease management.

Did you Know?

Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons (Wasserheit, 1992).

